

Cash ISA application/reactivation for the tax year 2018/2019

firstdirect.com
03 456 100 100

first direct

Please ensure you return all the pages of this application form

For more details on how we use your information please see our Privacy Notice
Overview section which can be found at firstdirect.com/privacy

Please ensure you sign and date the declaration on page 3 of this form.

Personal details

It is important that you complete this form to enable us to process your application. Please complete in black ink and use **BLOCK CAPITALS**. In other cases please tick clearly the boxes required.

If you need any assistance with the completion of your application call us on **03 456 100 100†**.

Title

Full permanent address

Forename(s)

Surname

Date of birth (dd/mm/yyyy)

Postcode

A temporary National Insurance Number may be issued, for example where yours has been lost, or if you have recently returned from a period abroad. These are usually issued in the format TN999999M or 99Y99999. If you have a temporary National Insurance Number, please complete this form as if you do not have a National Insurance Number.

Do you have a National Insurance Number?

If 'Yes', please add it to the box provided.

Yes

No

National Insurance Number (eg AB123456C)

You should be able to find your National Insurance Number on your payslip, form P45 or P60, a letter from HM Revenue & Customs or a letter from the DWP.

If you'd like to reactivate your ISA, please include the sort code and account number here:

Sort code

ISA number

Complete this section if you want to make a lump sum and/or regular payment from a **first direct** account in your name. For non **first direct** payments complete the standing order section on page 5.

Lump sum payment

£

Transfer from **first direct** account number

Regular payment

£

Sort code

Or, enclose a cheque made payable to **first direct**.

Power of Attorney

If you are not the applicant, but are signing on behalf of the applicant, please enter your name in the box below and describe the legal capacity in which you are signing this form.

Name

If you are signing this application under a Power of Attorney or other Authority for an investor who is incapacitated, please indicate the nature of the incapacity:

Mental

Physical

Legal Capacity

Authorised in England and Wales under a Lasting Power of Attorney registered with the Office of the Public Guardian

Authorised in England and Wales under an Enduring Power of Attorney made prior to 1 October 2007 (where the applicant is mentally incapacitated, this is registered with the Court of Protection)

Appointed as a deputy by the Court of Protection

Authorised in Northern Ireland under an Enduring Power of Attorney - where the applicant is mentally incapacitated it must be registered with the High Court (Office of Care and Protection)

Authorised in Scotland under an Intervention Order issued by the Office of Public Guardian Scotland

Authorised in Scotland under a Continuing Power of Attorney registered with the Office of Public Guardian Scotland

Authorised in Scotland under a Guardianship Order

Authorised under a General Power of Attorney where the applicant is a member of the armed forces on active service in a war zone

Authorised under a General Power of Attorney (for applicants to transfer in only)

Authorised in England and Wales under a General or Ordinary Power of Attorney (where the applicant is physically incapacitated)

Authorised in England and Wales under an Enduring Power of Attorney made prior to 1 October 2007 (where the applicant is physically incapacitated, this is not registered with the Court of Protection)

Authorised in Northern Ireland under an Ordinary Power of Attorney (where the applicant is physically incapacitated)

continued...on the next page, where you'll find a declaration and agreement to sign.

Declaration and Agreement

I apply to subscribe to a **first direct** Cash ISA for the tax year commencing 6 April 2018 and each subsequent tax year until further notice. (This election simply makes it easy for you to subscribe to each subsequent tax year's ISA - it's not a commitment on your part to subscribe each year.)

I declare that:

I am 18 years of age or over

All subscriptions made, and to be made, belong to me

I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of the Income Tax, (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom or I am married to or in a civil partnership with a person who performs such duties. I will inform **first direct** if I cease to be so resident or to perform such duties or be married to, or in civil partnership with, a person who performs such duties

I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year

I have not subscribed and will not subscribe to another cash ISA in the same tax year as I subscribe to this cash ISA

I agree to the Cash ISA Terms and Conditions

Any information provided in respect of this application has been completed to the best of my knowledge and belief and I will notify **first direct** without delay of any changes in my circumstances affecting any of the information given in this application. Where information I have provided relates to other people, I declare I am authorised by them to disclose that information and to accept the terms on their behalf.

I have received a copy of the UK Financial Services Compensation Scheme (FSCS) Information Sheet and Exclusions List.

I authorise first direct:

To hold my cash subscription and any interest earned by those subscriptions
To make on my behalf, any claims to relief from tax in respect of ISA investments.

Signed

Date (dd/mm/yyyy)

Instruction to your Bank to pay by standing order - Cash ISA regular payment only



Please complete and return this form to your bank.

To: The Manager

Bank address

Until further notice, please transfer amount

£

Minimum £1 (see Terms and Conditions for max yearly limits)

Monthly

Annually

Date to leave your account (dd/mm/yyyy)

Postcode

From:

Sort code

Account number

Name of account

Start date (dd/mm/yyyy)

Signature

Date of signature (dd/mm/yyyy)

To be completed by **first direct**

Sort code

Account number